PROBABLE CAUSE AFFIDAVIT

FORM PURPOSE: On View (PC Arrest) ____ Capias Request ____ Summoned/Cited (NTA) ____ Taken into Custody (Warrant/Capias Arrest) X AMENDED ____ JUVENILE YES ____ NO X Referral ____ Civil Citation ____

ADMINISTRATIVE

Arresting Agency ORI	Arresting Agency Name	Arresting Agency Case/Arrest Number	OBTS Number
FL0050000	BREVARD COUNTY SHERIFF'S OFFICE	2022-00187233	0501-439541

FDLE (SID) Number	FBI Number	DOC Number	Transport Time	Jail Date / Time	Jail Booking Number	Booking Agency ORI
				05/27/2022 21:30	2022-00006363	FL0050000

Location of Arrest (Include Name of Business) City	Location of Offense (Business Name, Address City)
860 CAMP RD Cocoa	860 RD CAMP RD Cocoa

Offense Date OR Date Range	Arrest Date / Time	Charge Type (Check as many as apply)	Evidence Confiscated (Check as many as apply)
05/27/2022	05/27/2022 21:30	Felony X Misdemeanor ____ Traffic ____ Ordinance ____	Vehicle ____ Firearm ____ Property ____

DEFENDANT / JUVENILE

Name (Last, Suffix)	Name (First)	Name (Middle)	Alias and Type	Date of Birth	Age	Jacket Number
MILLS	JOSHUA	ADAM		01/08/1986	36	4898584

Race	Ethnicity	Sex	Height	Weight	Eye Color	Hair Color
W-White	Unknown	Male	6' 2	200	Brown	Brown

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Local Address (Street, Apt. Number) City, State, Zip	Phone/Type (include area code)	Primary Language English Y
6735 OUTBACK RD Cocoa, FL 32926	(321)294-9542 Cellular Phone	English
Permanent Address (Street, Apt. #) or Parent's Name if Juvenile City, State, Zip	Phone/Type (include area code)	Complexion: Light
Business Address (Name, Street) or School if Juvenile City, State, Zip	Phone/Type (include area code)	Build: Average

Driver's License State / Number / Type	Social Security Number*	INS Number	Place of Birth	Citizenship
FL/ M4204210080	[redacted]		FL	U.S. Citizen

Residence Type:	Mark All that Apply (Y, N, Unk)	Suspected of Using (Y, N, Unk)
City X County ____ Florida ____ Out of State ____	Homeless N Sex Offender Y Gang Affiliation N	Drugs ____ Alcohol ____ Computer/Handheld Device ____

PARENT Driver's License State / Number / Type	PARENT Social Security Number	Juvenile Civil Citation Not Referred Explanation	Juvenile Facility
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*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies.

CHARGE

PC ____ Capias ____ Warrant X Additional Charge ____ Date Issued 05/27/2022 Writ Aff. X Domestic Violence ____ Order of Arrest ____

Charge Description	Counts	F.S. / Ord.	Statute / Ordinance Number	Reclassifier
VOP Felony	1	F.S. X Ord. ____	948.06.f	

Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number
			NO BOND	2019CF042107

PROBABLE CAUSE

The undersigned certifies and swears that he/she has just and reasonable grounds to believe and does believe that the above named Defendant committed the following violation of law

On the 27 day of MAY, 2022 at 2130 ____AM X PM (Specifically include facts constituting cause for arrest)

2019CF042107 CIRCUIT COURT VOP REF LEWD OR LASCIVIOUS EXHIBITION BOND/ NO BOND JUDGE KOENIG

Confidential Victim Information Included - YES ____ NO X

In accordance with F.S.S. 938.27, I hereby request reimbursement of investigative costs consisting of ____ hrs @ $____ per hr and/or ____ miles @ ____ per mile for a total of $____.

Affidavit Attached: Yes ____ No ____ Continue for: Narrative ____ Charges ____

NOTICE TO APPEAR

Mandatory Appearance in Court

Location (Court and Address) Division #

Date: Month ____ Day ____ Year ____ Time ____ ____AM ____ PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST OR A TAKE INTO CUSTODY ORDER SHALL BE ISSUED.

Signature of Defendant / Juvenile	Signature of Juvenile's Parent/Custodian	Release to: (Name)	Date	Time

ADMINISTRATIVE

Hold for Other Agency Name:	Verified By:	Do Not Bond Out Reason ____ Hold for 1st Appearance (Adults Only)

I swear/affirm the above and attached statements are true and correct X on 05/27/2022	Officer's/Complaintant's Signature	ID#	Officer's/Complaintant's Name (Printed)
	Electronically Signed	4526	Michelle Ritchie

Sworn and Subscribed before me, the undersigned authority this ____ day of 05/27/2022	Notary Signature	Notary Name (Printed)	Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known X ID ____
	Electronically Signed	Leach, Matthew	

BCJC (Jail)

0501-439541 3568 -0

AGENCY NAME: BREVARD COUNTY SHERIFF'S OFFICE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number
Continuation Page 2 of 2		2022-00187233

Defendant / Juvenile Name (Last, Suffix)	Defendant / Juvenile Name (First)	Defendant / Juvenile Name (Middle)	OBTS Number
MILLS	JOSHUA	ADAM	0501-439541

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth/Age	Juvenile (Y or N)

Arrested ____ At Large ____ Cited ____ Felony ____ Misdemeanor ____

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth/Age	Juvenile (Y or N)

Arrested ____ At Large ____ Cited ____ Felony ____ Misdemeanor ____

CHARGE

PC ____ Capias ____ Warrant ____ Additional Charge ____ | Date Issued | Writt Aff. ____ Domestic Violence ____ Order of Arrest ____

Charge Description	Counts	F.S. ____ Ord. ____	Statute / Ordinance Number	Reclassifier

Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number

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VEHICLE*

Year	Make	Model	VIN	Tag / Tag State	Primary Color	Secondary Color

* If Applicable, provide information related to the vehicle involved in the crime.

Officer's/Complaintant's Signature	ID#	Officer's/Complaintant's Name (Printed)
Electronically Signed	4526	Michelle Ritchie